

House File 2456

H-8102

1 Amend House File 2456 as follows:

2 1. Page 1, line 33, by striking <shall> and inserting <may>

3 2. Page 2, after line 18 by inserting:

4 <Sec. _____. Section 229.1, subsection 20, Code 2018, is
5 amended by adding the following new paragraph:

6 NEW PARAGRAPH. *d.* Has a history of lack of compliance with
7 treatment and any of the following apply:

8 (1) Lack of compliance has been a significant factor in the
9 need for emergency hospitalization.

10 (2) Lack of compliance has resulted in one or more acts of
11 serious physical injury to the person's self or others or an
12 attempt to physically injure the person's self or others.>

13 3. Page 3, after line 13 by inserting:

14 <Sec. _____. Section 229.13, subsection 7, paragraph a,
15 subparagraphs (2) and (3), Code 2018, are amended to read as
16 follows:

17 (2) Once in protective custody, the respondent shall be
18 given the choice of being treated by the appropriate medication
19 which may include the use of oral medicine or injectable
20 antipsychotic medicine by a mental health professional acting
21 within the scope of the mental health professional's practice
22 at an outpatient psychiatric clinic, hospital, or other
23 suitable facility or being placed for treatment under the
24 care of a hospital or other suitable facility for inpatient
25 treatment.

26 (3) If the respondent chooses to be treated by the
27 appropriate medication which may include the use of oral
28 medicine or injectable antipsychotic medicine but the mental
29 health professional acting within the scope of the mental
30 health professional's practice at the outpatient psychiatric
31 clinic, hospital, or other suitable facility determines that
32 the respondent's behavior continues to be likely to result in
33 physical injury to the respondent's self or others if allowed
34 to continue, the mental health professional acting within
35 the scope of the mental health professional's practice shall

1 comply with the provisions of subparagraph (1) and, following
2 notice and hearing held in accordance with the procedures in
3 section 229.12, the court may order the respondent treated
4 on an inpatient basis requiring full-time custody, care, and
5 treatment in a hospital until such time as the chief medical
6 officer reports that the respondent does not require further
7 treatment for serious mental impairment or has indicated the
8 respondent is willing to submit to treatment on another basis
9 as ordered by the court.>

10 4. Page 6, by striking lines 20 and 21 and inserting:

11 <b. The rules relating to the availability of intensive
12 mental health services specified in subsection 5 shall specify
13 that the minimum amount of services provided statewide shall
14 be as follows:>

15 5. Page 6, line 25, by striking <statewide>

16 6. Page 7, line 28, by striking <To the extent> and
17 inserting <Provided that>

18 7. By striking page 11, line 14, through page 16, line 34,
19 and inserting:

20 <Sec. ____ . PROGRAM IMPLEMENTATION — ADOPTION OF
21 ADMINISTRATIVE RULES.

22 1. The department of human services shall submit a notice
23 of intended action to the administrative rules coordinator and
24 the Iowa administrative code editor pursuant to section 17A.4,
25 subsection 1, paragraph "a", not later than August 15, 2018,
26 for the adoption of rules to implement the standards of core
27 services specified in this Act.

28 2. The provisions of this Act and rules adopted in
29 accordance with this Act shall minimize any delay or disruption
30 of services or plans for the implementation of such services in
31 effect on July 1, 2018.

32 3. The rules adopted by the department relating to access
33 centers shall provide for all of the following:

34 a. The access centers shall meet all of the following
35 criteria:

1 (1) An access center shall serve individuals with a
2 serious mental health or substance use disorder need who are
3 otherwise medically stable, who are not in need of an inpatient
4 psychiatric level of care, and who do not have alternative,
5 safe, effective services immediately available.

6 (2) Access center services shall be provided on a no reject,
7 no eject basis.

8 (3) An access center shall accept and serve individuals who
9 are court-ordered to participate in mental health or substance
10 use disorder treatment.

11 (4) Access center providers shall be accredited under 441
12 IAC 24 to provide crisis stabilization residential services and
13 shall be licensed to provide subacute mental health services
14 as defined in section 135G.1.

15 (5) An access center shall be licensed as a substance abuse
16 treatment program pursuant to chapter 125 or have a cooperative
17 agreement with and immediate access to licensed substance abuse
18 treatment services or medical care that incorporates withdrawal
19 management.

20 (6) An access center shall provide or arrange for the
21 provision of necessary physical health services.

22 (7) An access center shall provide navigation and warm
23 handoffs to the next service provider as well as linkages to
24 needed services including housing, employment, and shelter
25 services.

26 b. The rules shall include access center designation
27 criteria and standards that allow and encourage multiple mental
28 health and disability services regions to strategically locate
29 and share access center services including bill-back provisions
30 to provide for reimbursement of a region when the resident of
31 another region utilizes an access center or other non-Medicaid
32 covered services located in that region.

33 4. The department shall establish uniform, statewide
34 standards for assertive community treatment based on national
35 accreditation standards, including allowances for nationally

1 recognized small team standards. The statewide standards
2 shall require that assertive teams meet fidelity to nationally
3 recognized practice standards as determined by an independent
4 review of each team that includes peer review. The department
5 shall ensure that Medicaid managed care organization
6 utilization management requirements do not exceed the standards
7 developed by the department.

8 5. The rules relating to intensive residential service
9 homes shall provide for all of the following:

10 a. That an intensive residential service home be enrolled
11 with the Iowa Medicaid enterprise as a section 1915(i) home and
12 community-based services habilitation waiver or intellectual
13 disability waiver-supported community living provider.

14 b. That an intensive residential service home have adequate
15 staffing that includes appropriate specialty training including
16 applied behavior analysis as appropriate.

17 c. Coordination with the individual's clinical mental
18 health and physical health treatment.

19 d. Be licensed as a substance abuse treatment program
20 pursuant to chapter 125 or have a cooperative agreement
21 with and timely access to licensed substance abuse treatment
22 services for those with a demonstrated need.

23 e. Accept court-ordered commitments.

24 f. Have a no reject, no eject policy for an individual
25 referred to the home based on the severity of the individual's
26 mental health or co-occurring needs.

27 g. Be smaller in size, preferably providing services to
28 four or fewer individuals and no more than sixteen individuals,
29 and be located in a neighborhood setting to maximize community
30 integration and natural supports.

31 h. The department of human services shall provide guidance
32 for objective utilization review criteria.

33 6. The department of human services and the department of
34 public health shall provide a single statewide twenty-four-hour
35 crisis hotline that incorporates warmline services which may be

1 provided through expansion of the YourLifeIowa platform.>

2 8. Page 17, by striking lines 1 through 4 and inserting
3 <human services, in cooperation with the department of public
4 health, representative members of the judicial branch, the Iowa
5 hospital association, the Iowa medical society, the national
6 alliance on mental illness, the Iowa state sheriffs' and
7 deputies' association,>

8 9. Page 17, by striking line 13 and inserting <departments
9 of human services and inspections and appeals, representative
10 members of the Iowa hospital association, managed care
11 organizations, the national alliance on mental illness, the
12 mental health institutes, and other>

13 10. Page 17, after line 23 by inserting:

14 <Sec. ____ . MENTAL HEALTH AND DISABILITY SERVICES FUNDING —
15 FISCAL VIABILITY REVIEW DURING 2018 LEGISLATIVE INTERIM. The
16 legislative council is requested to authorize a study committee
17 to analyze the viability of the mental health and disability
18 services funding including the methodology used to calculate
19 and determine the base expenditure amount, the county budgeted
20 amount, the regional per capita expenditure amount, the
21 statewide per capita expenditure target amount, and the cash
22 flow reduction amount. The study committee shall consist of
23 five members of the senate, three of whom shall be appointed
24 by the majority leader of the senate and two of whom shall
25 be appointed by the minority leader of the senate, and five
26 members of the house of representatives, three of whom shall
27 be appointed by the speaker of the house of representatives
28 and two of whom shall be appointed by the minority leader
29 of the house of representatives. The study committee shall
30 meet during the 2018 legislative interim to make appropriate
31 recommendations for consideration during the 2019 legislative
32 session in a report submitted to the general assembly by
33 January 15, 2019.

34 Sec. ____ . DIRECTIVE TO DEPARTMENT OF HUMAN SERVICES —
35 PSYCHIATRIC BED TRACKING SYSTEM. The department of human

1 services shall amend its administrative rules pursuant to
2 chapter 17A to require subacute mental health care facilities
3 to participate in the psychiatric bed tracking system and
4 to report the number of beds available for children and
5 adults with a co-occurring mental illness and substance abuse
6 disorder.

7 Sec. _____. ASSERTIVE COMMUNITY TREATMENT — REIMBURSEMENT
8 RATES. The department of human services shall review the
9 reimbursement rates for assertive community treatment and
10 shall report recommendations for reimbursement rates to the
11 governor and the general assembly by December 15, 2018. The
12 recommendations shall address any potential sustainable
13 funding.>

14 11. By renumbering as necessary.

LUNDGREN of Dubuque